## ATTACHMENTI REHABILITATION PROVIDER CERTIFICATION FORM

NAME				
ADDRESS				
TELEPHONE	#TAX I.D.#			
NATURE OF	BUSINESS			
BUSINESS ORGANIZATION(sole proprietorship, partnership, corporation)				
(2010 F10F1100012111F, F0110112111F, CO1F01101011)				
PRINCIPAL SERVICES				
SPECIALTIES				
OTHED DITET	NESS LOCATIONS			

## ATTACHMENT II AFFIDAVIT OF COMPLIANCE

1.	Corporation	
_		
⊥, _	name of officer	position of officer
	110.1110 01 0111001	FORTOTOM OF OFFICE
of _		whose principal office is located at
	name of corporation	
	address o	of corporation
Sect Sect Char	retary all certificates and annua tion 109 (business corporation), pter 180, Section 26A (non-profit	med corporation has filed with the State al reports required by Chapter 156B, by Section 4 (foreign corporation), or by t corporation) of the Massachusetts General of the Commonwealth relating to taxes.
SIG	ENED UNDER THE PAINS AND PEN, 20	NALTIES OF PERJURY thisday of
-	, 20	, <u></u>
har		
Dy _	signature of authorized corpor	rate officer
	**************************************	**************
	Proprietorsh	hip Partnership
Ţ		of
-,	name of proprietor/partner	, of name of proprietorship/partnership
1000	ated at	
1006	address of p	proprietorship/partnership
the cert Mass	Clerk in the appropriate city or tificates, has paid all fees requ	med business has filed with the Office of r town within the Commonwealth all uired by Chapter 110, Section 5 of complied with all laws of the Commonwealth
	NED UNDER THE PAINS AND PEN, 20	NALTIES OF PERJURY thisday of
by _	signature of proprietor/partne	
	signature of proprietor/partne	er

## ATTACHMENT III AFFIDAVIT OF QUALIFICATIONS

I,	_, as
name	position
of	_, whose principal place of business is
located ataddress of b	usiness organization
do hereby certify that the following	individuals are credentialed in
accordance with the provisions of 452 C	MR 4.03 to provide vocational
rehabilitation services pursuant to M.G	.L. c. 152, as demonstrated by the
attached curriculum vitae, certificatio	ns and licenses.
SIGNED UNDER THE PAINS AND PENALT	TIES OF PERJURY thisday of
, 20	
bysignature of authorized corporate o	fficer/proprietor/partner
Desiration of auditorized corporate of	